

MULTISECTORAL ACTION PLAN (2015-2019)

GOAL

The ultimate goal is to achieve an 8 % relative reduction in preventable premature deaths due to NCDs in St Vincent and the Grenadines by 2019.

OBJECTIVES

1. To strengthen coordination and management of NCD prevention and control;
2. To promote integration of NCD prevention policies, frameworks and actions through multisectoral approaches;
3. To reduce risk factors (tobacco use, harmful use of alcohol, physical inactivity, unhealthy eating, obesity) and promote healthy and active living for health and well-being through life course approach;
4. To strengthen the health system at all levels in public and private sectors which improves access to quality health services and financial risk protection; and
5. To improve the quality and breadth of NCD and risk factor surveillance system and strengthen operational research for planning, monitoring, and evaluation of NCD-related policies and programmes.

STRATEGIES

In consideration of challenges and gaps identified in the area of NCD prevention and control in St Vincent and the Grenadines, the broad strategies were discussed and agreed upon in line with the PAHO Regional Plan of Action for the Prevention and Control of NCDs. The key strategies identified for tackling NCD prevention and control in St Vincent and the Grenadines are:

Strategic Area 1:

Strengthening coordination and management of NCD prevention and control

Strategic Area 2:

Improving Health and Wellness through multisectoral policies and partnership

Strategic Area 3:

Reducing NCD risk factors and improving protective factors

Strategic Area 4:

Health system strengthening to NCDs and risk factors at all levels and all sectors

Strategic Area 5:

Surveillance, research, information and education

RESULTS FRAMEWORK

Level	Objectives	Indicators/Target	Means of Verification	Critical Assumption
Goal	To achieve a 8 % relative reduction in the mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (NCDs) by 2019	A 8% relative reduction of premature mortality due to NCDs by 2019	<ul style="list-style-type: none"> National Registry CMO Report PAHO/CARPHA NCD Minimum data set (NCD Core Indicators) Report 	MoH will conduct national periodic health surveys
Strategy 1: Expected Results	Coordination and management of NCD prevention and control strengthened	<ul style="list-style-type: none"> National NCD Focal Point appointed and programme for NCD prevention and control established or incorporated into existing health programme National Health and Wellness Commission established and Sub-Committee (NCD Committee) with specific TORs operationalized by 2016 	<ul style="list-style-type: none"> Formal appointment and approval Budget allocated for NCD programme (Budgetary report by the Ministry of Finance & Health) Activity Report 	National Health and Wellness Commission approved and operationalized
Strategy 2: Expected Results	Multisectoral policies and partnerships developed and implemented	<ul style="list-style-type: none"> National multisectoral policies, frameworks, actions 	<ul style="list-style-type: none"> National Health and Wellness Commission Annual Report PAHO/WHO Country NCD Capacity Report (Biannual) 	

		in at least 3 sectors outside the health sector at the government level and partnership with a wide range of stakeholders developed and implemented	
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Goal	To achieve a 8 % relative reduction in the mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases (NCDs) by 2019	A 8% relative reduction of premature mortality due to NCDs by 2019	<ul style="list-style-type: none"> • National Registry • CMO Report • PAHO/CARPHA NCD Minimum data set (NCD Core Indicators) Report 	MoH will conduct national periodic health surveys
Strategy 1: Expected Results	Coordination and management of NCD prevention and control strengthened	<ul style="list-style-type: none"> • National NCD Focal Point appointed and programme for NCD prevention and control established or incorporated into existing health programme • National Health and Wellness Commission established and Sub-Committee (NCD Committee) with specific TORs operationalized by 2016 	<ul style="list-style-type: none"> • Formal appointment and approval • Budget allocated for NCD programme (Budgetary report by the Ministry of Finance & Health) • Activity Report 	National Health and Wellness Commission approved and operationalized
Strategy 2: Expected Results	Multisectoral policies and partnerships developed and implemented	<ul style="list-style-type: none"> • National multisectoral policies, frameworks, actions in at least 3 sectors outside the health sector at the government level and partnership with a wide range of stakeholders developed and 	<ul style="list-style-type: none"> • National Health and Wellness Commission Annual Report PAHO/WHO Country NCD Capacity Report (Biannual) 	

		implemented	
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National Health and
Wellness Commission
with clear Terms of
Reference including rule of
procedure prepared and
finalized
Various stakeholders
participate and collaborate
in implementation of
action plan

DRAFT

<p>Strategy 3: Expected Results</p>	<p>NCD risk factors reduced and protective factors strengthened</p>	<ul style="list-style-type: none"> • Sensitization for tobacco control conducted and Tobacco Control Legislation enacted • National dialogue for health consequence of harmful use of alcohol and tobacco use conducted and recommendations for reducing alcohol consumption developed • Policies/cost-effective interventions to reduce the impact on children of marketing of foods and non-alcohol beverages high in saturated fats, trans-fatty acid, sugars and salt implemented • # of national campaigns, sensitizations, public education on salt reduction conducted • National salt targets for selected category of food identified 	<ul style="list-style-type: none"> • Tobacco Control Legislation • National Health Surveys (PanAM STEPS Survey, Mini- STEPS, GSHS etc.) • National Child Nutrition Policy 	<p>MoH secures appropriate budget for national, sub-national survey (PanAm STEPS, Mini- STEPS, GSHS etc.), implement, collect data and prepare report(s)</p> <p>St Vincent and the Grenadines has a mechanism to respond to risks in real time</p> <p>Regional institutional infrastructural (CARICOM, CHOSOD, PAHO, CARPHA) support and multisectoral policies in place</p> <p>MoH and MoE conduct national awareness campaigns on healthy diets and increasing physical activity.</p> <p>MoH oversees and implements national survey</p> <p>Private sectors and civil society engage active participation and collaboration.</p>
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		(bread)		
		<ul style="list-style-type: none"> • A 5% relative reduction in prevalence of insufficient physical activity by 2019 		
Strategy 4: Expected Results	Health system response to NCDs and risk factors strengthened at all levels of health services and accessibility and quality improved	<ul style="list-style-type: none"> • A model of integrated management for NCDs implemented (e.g. CCM, WHO PEN) • List of available essential medicines for NCDs from OECS/PPS updated and available • At least 75% of patients with hypertension and diabetes controlled • A 5 % relative reduction in age-standardized prevalence of raised blood pressure • A 5% relative reduction in age-standardized prevalence of raised blood glucose/diabetes • A 5% relative 	<p>Assessment of Chronic Illness (ACIC) report</p> <p>A revised edition of essential medication list</p> <p>Annual report of prevalence of overweight/obesity prepared</p> <p>Annual report of # of women received screening for cervical and breast cancer prepared</p>	<p>MoH established a National NCD prevention and control</p> <p>Commitment from MoF for appropriate budget for NCD prevention and control secured</p> <p>MoH implement an integrated management of NCD prevention and Control</p> <p>Stakeholders (NGOs, FBOs, private sectors) support and “buy-in” to the National NCD</p> <p>A mechanism for data collection at PHC and hospitals and reporting established</p> <p>MoH developed National Guidelines and Protocol for cancer screening and management of risk factors for NCDs</p>

		<p>reduction of age-standardized prevalence of overweight/obesity in persons aged 18+ by 2019</p> <ul style="list-style-type: none"> • A 5% relative reduction in age-standardized prevalence of overweight/obesity in school-aged children and adolescents by 2019 • A 70% of women (aged 30-49) received cervical cancer screening • A 50% of women (aged 50-69) received breast cancer screening 		
Strategy 5: Expected Results	Sustainable NCD surveillance system established and collected data utilized for effective policy and programme development and public awareness and education	<ul style="list-style-type: none"> • High-quality mortality data for the 4 main NCDs collected • Regular reports with analysis on NCDs and risk factors produced and disseminated • At least one nationally representative population survey by 	<p>Annual report of NCD minimum data set prepared and submitted to PAHO and CARPHA</p> <p>Pan Am STEPS Survey, Mini STEPS Survey etc.</p> <p>PAHO/CARPHA NCD Minimum Data Set</p> <p>Report of public education</p>	<p>MoH (HID) will establish systematic data collection mechanism (surveillance, survey) on mortality and morbidity due to NCDs.</p> <p>Appropriate human and financial resource will be allocated for surveillance.</p>

		<p>2019 conducted</p> <ul style="list-style-type: none"> • Research agendas that include operational research studies on NCDs and risk factors for strengthening evidence-based policies, programme development set • A 60% of institutes received education for NCD prevention and control 		
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Activity Plan

Strategic Line of Action 1:

Strengthening coordination and management of NCD prevention and control programme

(Impact: Coordination mechanism strengthened)

Strategies	Activities	Performance Indicators	Responsible	Time	Cost
1.1 Strengthen Multisectoral coordination and leadership for NCD prevention and control	1.1.1 Establish a National NCD Programme coordinated by CMO (MOH) with specific roles and responsibilities of other technical units to support the programme	Approved Cabinet paper Specific roles and responsibilities identified and agreed by all technical programmes (MoH) # of meetings held within the MoH to exchange challenges and monitor progress made	Implementation Agency: MoH/CMO Executing Agency : MoH, Cabinet of the Government of SVG	3 rd quarter, 2015 (4-6 months) for Cabinet approval	\$ 0
	1.1.2 Develop and implement a National NCD Programme in collaboration with various stakeholders, sectors and other Ministries	A National Multisectoral Action Plan for NCDs prevention and control approved and operationalized	Implementation Agency: MoH/CMO Executing Agency : MoH, Cabinet of the Government of SVG	3 rd quarter 2015 (until 2019)	
	1.1.3 Establish a National Health & Wellness Commission (NCD Sub-Committee under the Commission) with clear Terms of Reference to coordinate response to NCDs via multisectoral approach	Draft TORs developed and shared with all concerned stakeholders for agreement Members of NHWC nominated by the Minister of Health	Implementation Agency: MoH/CMO Executing Agency : MoH, Cabinet of the Government of SVG	2 nd quarter, 2015 (12 months) for TORs and Cabinet Approval 2 nd quarter, 2016 (until 2019) for	

		and approved by the Cabinet NHWC being operationalized		operation	
1.2 Advocacy	1.2.1 Lobby for NCD prevention and control as national priority to the Cabinet Members	National Health and Wellness Policy and a Multisectoral Action Plan for NCD prevention and control approved	Implementation Agency: MoH/Minister, API Executing Agency : MoH, Cabinet Members	3 rd quarter, 2015 (6 months)	\$ 0
	1.2.2 Conduct dialogue with other Ministries ,private sectors, NGOs, FBOs in understanding policy links and a multisectoral approach for NCD prevention and control	National Health and Wellness Policy and a Multisectoral Action Plan widely disseminated and discussed for “buy-in”	Implementation Agency: MoH/Minister, PS, CMO Executing Agency : MoH	3 rd quarter, 2015 (12 months)	\$
	1.2.3 Develop a “Joint Operational Plan” for an effective implementation of the Multiectoral Action Plan and dseminated widely	A Joint Operational Plan developed and implemented	Implementation Agency: MoH, NHWC Executing Agency : MoH/CMO	Ongoing (until 2019)	
1.3 Strengthen resource mobilization	1.3.1 Recommend the Cabinet to utilize an earmarked tax (tobacco, alcohol etc.) for NCDs prevention and control programme to be sustainable	Approved Cabinet Paper	Implementation Agency: MoH/Minister Executing Agency : MoH, Cabinet of the	1 st quarter, 2016 (24 months)	

			Government of SVG, National Economic and Social Council		
	1.3.2 Establish diversion of existing taxes on targeted foods (sales tax from tobacco, snacks high in salt, trans fat, sugar etc.)	Approved Cabinet Paper	Implementation Agency: MoH Executing Agency : Cabinet of the Government of SVG, National Economic and Social Council	1 st quarter, 2018 (until 2019)	
	1.3.3 Advocacy for resource mobilization among all concerned sectors (Other Ministries, private, NGOs, media and academia etc.)	Secure budgetary allocations (including in-kind contributions) for prevention and control of NCDs to be implemented via multisectoral approaches	Implementation Agency: MoH, NHWC Executing Agency : Cabinet of the Government of SVG, National Economic and Social Council	4 th quarter, 2015 (until 2019)	

(Currency in Eastern Caribbean Dollars)

Strategic Line of Action 2:

Improving Health and Wellness through multisectoral policies and partnerships

(Impact: Multisectoral policies developed and implemented through wide range of partnerships)

Strategies	Activities	Performance Indicators	Responsible	Time	Cost
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2.1 Strengthen multisectoral engagement and partnerships	2.1.1 Assess national capacity (resource groups, services, facilities etc.) for prevention and control of NCDs	Assessment Report of National Capacity for NCDs developed A list of potential resources identified (Diabetes Association, Fitness, Youth Group etc.) and contacted Political Alliance to support NCD prevention and control established	Implementation Agency: MoH, NHWC Executing Agency : MoH	4 th quarter, 2015 (12months)	\$ 1000
	2.1.2 Conduct Stakeholder Meetings with various sectors for “buy-in”, engagement and partnership for implementation of the programme	MOU/LOA signed between the MoH and different partners	Implementation Agency: MoH, MoE, MoS Executing Agency : MoH,	1 st quarter, 2016 (6months)	\$
	2.1.3 Conduct effective resource mobilization via partnerships with various sectors including civil society, NGOs, media	Resources allocated for NCD prevention and control (in-kind contributions) Cabinet, NGOs, FBOs, private sectors allocated budget (including in-kind contributions)	Implementation Agency: MoH Executing Agency : MoH	2 nd quarter, 2016 (6 months)	\$
	2.1.4 Establish an “Alliance” and/or “Registry” of NGOs, FBOs for health promotion	Alliance established partnership with Diabetes Association, Rotary	Implementation Agency: MoH Executing Agency	3 rd quarter, 2016 (24 months)	

		Club, Lions Club etc.	MoH		
	2.1.5 Develop structured and setting-base prevention programme and implement via partnerships	Programmes established in collaboration with NGOs, FBO, private sector	Implementation Agency: MoH Executing Agency : NGOs, civil society	2 nd quarter, 2015 (12 months)	
2.2 Advocacy	2.2.1 Conduct National Campaigns to raise public awareness on NCD prevention and control	Public supported to combat NCDs as national priority	Implementation Agency: MoH, NHWC Executing Agency : MoH	2 nd quarter, 2015 (36 months)	

(Currency in Eastern Caribbean Dollars)

Strategic Line of Action 3:

Reduction of NCD risk factors and improving protective factors

(Impact: Policies in place and implemented to reduce prevalence of risk factors and strengthen protective factors)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of	Cost
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				implementation period needs to be identified)	
3.1 Strengthen legislative framework and support	3.1.1 Implement WHO FCTC (Tobacco Control Legislation) Enact Tobacco Control Legislation	Tobacco Control Legislation enacted	Implementation Agency: MoH, CHPO, CC Executing Agency : Legal Affairs	4 th quarter, 2015 (12 months)	
	3.1.2 Analyze the existing legislations/policies and adapt, adopt and amend as necessary to support NCD prevention and control programme	Various legislations/policies reviewed and amended documents developed	Implementation Agency: MoH,NCD Executing Agency : Legal Affairs	4 th quarter, 2015 (12 months)	
	3.1.3 Assess, revise and expand a National School Nutrition Policy	School Nutrition Policy (addressed all RFs) approved Nutrition Standards for School Meals approved and implemented	Implementation Agency: MoE, MoH Executing Agency : MoE, MoH	Ongoing (until 2019)	
	3.1.4 Implement Work Place Policy (Tripartite Workplace Policy)	Work Place Policy implemented	Implementation Agency: MoE, Labour Department Executing Agency : Legal Affairs , MoE, Labour Department,	Ongoing (until 2019)	
	3.1.5 Adopt and/or adapt Regional Standards/Guidelines on food and nutrition labelling	National Standards/Guidelines developed and implemented based on	Implementation Agency: MoH, BS(CODEX), Trade	Ongoing (until 2019)	

		Regional Standards/Guidelines List of foods high in salt, sugar, fats developed and targeted for interventions	Executing Agency : Legal Affairs		
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	3.1.6 Develop alcohol control policy and amend alcohol control legislation	Alcohol control legislation enacted and implemented		Ongoing (until 2019)	
	3.1.7 Review WHO Global Report on Alcohol to identify drinking patterns, type of alcohol consumed and age groups	Data studied and strategy developed	Implementation Agency: MoH, NGOs Executing Agency: MoH, NGOs		
	3.1.8 Identify % of tax increase on specific alcohol products	% of tax increase on specific alcohol groups identified	Implementation Agency: MoH, Police Executing Agency: Legal Affairs, Ministry of Finance and Trade		
	3.1.9 Increase tax and prices on (specific) alcohol products	Parliament approved increase tax on alcohol	Implementation Agency: Mohr, Police Executing Agency:		

			Legal Affairs, Ministry of Finance and Trade		
3.2 Advocacy	3.2.1 Conduct sensitization and public awareness for alcohol-attributable burden and reduce the harmful use of alcohol and tobacco use	Political commitment and leadership engaged and public supported	Implementation Agency: MoH Executing Agency : MoH		
	3.2.2 Conduct national campaign for prevention and control of obesity (particularly focused on childhood obesity)	# of educational campaigns conducted and assessed	Implementation Agency: MoE, MoH, MoS Executing Agency : MoE, MoH, MoS		
	3.2.3 Conduct national campaign, sensitization and education on healthy diets and physical activity for adult populations	# of educational campaigns conducted and assessed	Implementation Agency: MoE, MoH, MoS, MoA Executing Agency : MoE, MoH, MoS, MoA		
	3.2.4 Conduct sensitization and public education for salt reduction	# of sensitization, educational campaigns conducted and assessed Training for salt reduction using social marketing approach	Implementation Agency: MoE, MoH, MoS, MoA Executing Agency : MoE, MoH, MoS, MoA		
	3.2.5 Introduce and sensitize public with drinking-driving laws for reduction of harmful use of alcohol and road traffic	# of sensitization, educational campaigns conducted and	Implementation Agency: MoH, Executing Agency		

	accidents	assessed	: MoH, MoF, MoSW, NatSec, Legal Affairs		
3.3 Reduce risk factors and strengthen protective factors via cost-effective interventions	3.3.1 Analyze available data on breast feeding, identify the gaps and develop action plan for strengthening exclusive breast feeding	Report prepared and at least 80 % of mothers exclusive breast feeding	Implementation Agency: MoH Executing Agency : MoH	Ongoing 2 nd quarter, 2015 (- 2019)	
	3.3.2 Incorporate recommendations for strengthening school feeding programmes for prevention and control of diet-related diseases	Monitoring and evaluation conducted on school feeding programmes	Implementation Agency: MoE, MoH, MoA Executing Agency : MoE, MoH, MoA	Ongoing 2 nd quarter, 2015 (- 2019)	
	3.3.3 Implement cost-effective interventions to prevent and control childhood obesity at school setting and family-settings (Protect children from marketing of foods and non- alcoholic beverages high in saturated fats, trans fatty acids, free sugars, Increase PA levels etc.)	Tool(s), methodologies, communication strategies identified Cost-effective interventions implemented, monitored and evaluated At least 50% of primary schools implemented the interventions	Implementation Agency: MoH, MoE, Executing Agency : MoH, MoE, MoA	Ongoing 2 nd quarter, 2015 (- 2019)	
	3.3.4 Develop and implement cost-effective interventions on salt reduction at population level by using WHO Tool Kit for salt reduction	# of public and school education and training conducted on understanding food labeling and FBDG National salt targets for selected food	Implementation Agency: NHWC, MoH, MoE, NGOs, Private Sectors, HCC Executing Agency : MoH, MoE, MoA	1 st quarter, 2016 (- 2019)	

		<p>categories identified based on the Regional Targets</p> <p># of School Cafeteria Meals reviewed and reformed for reduction of salt intake</p> <p>PAHO Salt Smart Initiative implemented</p>			
	3.3.5 Conduct baseline study for intake of salt/sodium	<p>Baseline data on intake of salt/sodium collected</p> <p>A 5 % relative reduction of salt consumption in population by 2019</p>	<p>Implementation Agency: MoH</p> <p>Executing Agency : MoH</p>	1 st quarter, 2017 (-2019)	
	3.3.6 Scale up open spaces for physical activity at school and community	<p>Sporting facilities scaled up</p> <p>Access to national parks increased</p>	<p>Implementation Agency: MoS, MoH, MoE, National Sports Council</p> <p>Executing Agency : MoS, MoE, MoH</p>	Ongoing to 2019	

(Currency in Eastern Caribbean Dollars)

**Strategic Line of Action 4:
Health system strengthening to NCDs and risk factors at all levels**

(Impact: Accessibility to quality of care and affordability for essential medications and technologies improved)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of implementation period needs to be identified)	Cost
4.1 Strengthen health system response to NCDs and risk factors at all levels	4.1.1 Conduct an overall assessment of PHC services to identify gaps, needs and opportunities	<p>Assessment report developed and action plan developed and implemented</p> <p>In-country audit conducted for quality of care and patients' satisfaction</p>	<p>Implementation Agency: MoH</p> <p>Executing Agency: MoH, CMO</p>	2 nd quarter, 2016 (-2019)	
	4.1.2 Adapt and implement available Regional Clinical Guidelines/Protocols (Caribbean Guidelines) on NCDs	<p>Compliance of following Guidelines assessed</p> <p>Guidelines and protocols for referral, discharge, feedback and follow-up developed and in use</p> <p>Baseline date for Screening for NCDs (cancer, cardiovascular diseases, kidney diseases/failure)</p>	<p>Implementation Agency: MoH, CMO</p> <p>Executing Agency: MoH, CMO</p>	1 st quarter, 2016 (-2019)	

		etc.) collected Assessment tools for screening for NCDs developed			
	4.1.3 Set up targeted numbers of patients per day for GP's consultation together with appointment system at PHC for improving quality of care	Targeted # of patients per day at PHC identified, informed to the community Appointment and follow up system established and operationalized	Implementation Agency: MoH, CMO Executing Agency: MoH, CMO	1 st quarter, 2016 (-2019)	
4.2 Continue empowering patients and strengthen community linkage	4.2.1 Provide health promotion and counselling to patients, families and communities for NCD prevention and control	Baseline survey conducted to assess patient's knowledge, attitude and practice on NCD prevention and control Developed appropriate interventions based on the results Patient's knowledge, attitude and practice	Implementation Agency: MoH Executing Agency : MoH		

		improved				
	4.2.2	Promote timely and specific medical interventions (patients and providers) for management and care for NCDs	At least 75% of patients with CVDs and DM received effective drug therapy and counselling	Implementation Agency: MoH Executing Agency : MoH		
	4.2.3	Improve patients adherence to medications, follow-up care through health education	CCP being utilized and patient record updated	Implementation Agency: MoH, Chief Pharmacist Executing Agency : MoH	Ongoing (until 2019)	
4.3 Scale up health professionals skills and motivation	4.3.1	Provide continued training for health professionals to effectively deal with NCD prevention and control	# of training provided by means of virtual training, face-to-face training # of deployment of trained health professionals	Implementation Agency: MoH Executing Agency : MOH, (Partnership Donors)	Ongoing (until 2019)	
	4.3.2	Provide incentives and motivational packages for health care providers	Packages developed and approved	Implementation Agency: MoH Executing Agency : MoH	1 st quarter, 2016 (until 2019)	

(Currency in Eastern Caribbean Dollars)

**Strategic Line of Action 5:
Surveillance, research, information and education**

(Impact: High quality mortality data due to major NCDs collected and an 8% relative reduction in premature mortality from the 4 leading NCDs achieved by 2019)

Strategies	Activities	Performance Indicators	Responsible	Time (indicated starting time, a total amount of implementation period needs to be identified)	Cost
5.1 Strengthen sustainable NCDs surveillance system	5.1.1 Conduct assessment for capacity of surveillance/epidemiology for health system	Assessment report produced	Implementation Agency: MoH, National Epi	1 st quarter, 2016 (until 2019)	
	5.1.2 Strengthen and maintain an efficient surveillance system in NCD components	Quarterly monitoring and report being produced	Executing Agency : MOH, PAHO, CARPHA	1 st quarter, 2016 (until 2019)	
	5.1.3 Provide training for health professionals to collect and report quality data routinely	Assessment of training sessions conducted Collected data evaluated	Implementation Agency: MoH, National Epi Executing Agency : MOH, PAHO, CARPHA	1 st quarter, 2016 (until 2019) 2 nd quarter, 2016 (until 2019)	

	5.1.4 Conduct training and implement National Population-Based Survey (PanAM STEPS, Mini-STEPS etc.)	# of training sessions conducted, resources secured and survey implemented	Implementation Agency: MoH Executing Agency : MoH, PAHO, CARPHA	2nd quarter, 2016 (until 2019)	
	5.1.5 Establish sustainable surveillance to monitor overweight/obesity	Obesity surveillance established	Implementation Agency: MoH Executing Agency : MoH	3 rd quarter, 2016 (until 2019)	
5.2 Best utilization of collected data for planning, monitoring and evaluation of NCD-related policies and programmes	5.2.1. Produce and disseminate regular reports with analysis on NCDs and risk factors	Annual report produced	Implementation Agency: MoH Executing Agency : MoH,	2 nd quarter, 2015 (annually till 2019)	
	5.2.2. Policy dialogues with relevant stakeholders	# of MOU exchanged between the MoH and stakeholders to support NCD surveillance	Implementation Agency: MoH Executing Agency : MoH, Stakeholders (NGOs)	2 nd quarter, 2015 (until 2019)	
	5.2.3. Secure appropriate budget allocation for establishment of sustainable surveillance system for NCDs and monitoring risk factors	Budget allocated for surveillance on NCDs and risk factors	Implementation Agency: MoH, PS Executing Agency : MoF	1 st quarter, 2016	
	5.2.4 Develop and implement operational research for effective	# of research activities	Implementation Agency: MoH,	1 st quarter, 2016	

	policy development	conducted with policy implications	National Epi Executing Agency : PAHO, CARPHA	(until 2019)	
5.3 Advocacy	5.3.1 Develop and execute communication strategy for sensitization of surveillance on NCDs and risk factors	# of national sensitization, advocacy, public education conducted	Implementation Agency: MoH Executing Agency : MoH, HP/Communication Officer	1 st quarter, 2016 (until 2019)	